

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>	<i>01/01/00</i>	
O.I.P.E. CLASSIFIER		<i>8</i>	<i>01 200</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>09300</i>	

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final	Original	Date
5	✓	✓	10/10/00
6	✓	✓	10/10/00
4	✓	✓	10/10/00
1	✓	✓	10/10/00
2	✓	✓	10/10/00
3	✓	✓	10/10/00
10	✓	✓	10/10/00
11	✓	✓	10/10/00
12	✓	✓	10/10/00
13	✓	✓	10/10/00
14	✓	✓	10/10/00
15	✓	✓	10/10/00
16	✓	✓	10/10/00
17	✓	✓	10/10/00
18	✓	✓	10/10/00
19	✓	✓	10/10/00
20	✓	✓	10/10/00
21	✓	✓	10/10/00
22	✓	✓	10/10/00
23	✓	✓	10/10/00
24	✓	✓	10/10/00
25	✓	✓	10/10/00
26	✓	✓	10/10/00
27	✓	✓	10/10/00
28	✓	✓	10/10/00
29	✓	✓	10/10/00
30	✓	✓	10/10/00
31	✓	✓	10/10/00
32	✓	✓	10/10/00
33	✓	✓	10/10/00
34	✓	✓	10/10/00
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41	✓	✓	10/10/00
42	✓	✓	10/10/00
43	✓	✓	10/10/00
44	✓	✓	10/10/00
45	✓	✓	10/10/00
46	✓	✓	10/10/00
47	✓	✓	10/10/00
48	✓	✓	10/10/00
49	✓	✓	10/10/00
50	✓	✓	10/10/00

Claim	Final	Original	Date
51	✓	✓	10/10/00
52	✓	✓	10/10/00
53	✓	✓	10/10/00
54	✓	✓	10/10/00
55	✓	✓	10/10/00
56	✓	✓	10/10/00
57	✓	✓	10/10/00
58	✓	✓	10/10/00
59	✓	✓	10/10/00
60			
61			

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions
staple additional sheet here

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